SPA3 QIC Meeting
Wednesday, February 15, 2012

I. Welcome and Introductions

II. Review of Minutes for November. Minutes approved with no corrections.

Quality Improvement – Melody Taylor Stark

Attendees

Misty Aronof	Linh Hua	Paula Randle	Greg Tchakmakjian
Marc Borkheim	Windy Luna-Perez	Claudia Fierro	Nancy Uberto
Rebecca de Keyser	Veronica McClendon	Mark Rodriguez	Adri Vermilion
Gassia Ekizian	Kevin Minor	Gloria Santos	Gaby Villasenor
Luis Garcia	Elizabeth Owens	Dustin Schiada	
Rocio Gonzalez	Lorna Pham	Leslie Shrager	
Michelle Hernandez		Julia Soler	
		Melody Taylor Stark	

Cultural Competency

Cultural Competency – Next Meeting
March 14th **1:30 3:30**
695 S. Vermont Avenue, 15th Floor Glass Conference Room
Contact: Sandra Chang-Ptasinski
(213) 251-6815
SChang@dmh.lacounty.gov

To better understand the Cultural Competency, the minutes are posted on the QI website. Currently, there are several projects currently being worked on and the goal is to focus on the important issues.

Cultural Competency Training

Additionally, Cultural Competency trainings encourage a continuous conversation regarding the Cultural Competency scale. The training curriculum may be adopted by DMH as a pilot. DMH Cultural Competency report from the state revealed an overall grade of 75%. DMH commitment is strong but more work is needed.

Customer Satisfaction Surveys started this week on Monday, February 13th. Remember they will be conducted for two weeks and is due to LACDMH on March 5, 2012.

IS Blast Bulletin was emailed on Tuesday. On Thursday a fact sheet was posted with some commonly asked questions.

CAEQRO – Dr. Marc Borkheim, Psychologist for QI division will give a synopsis on what the CAEQRO is about. Review period is April 16 – 19th.

- Sometimes there are IT and Billing topics
- CAEQRO is contracted by the state
- Monitors federal requirements for Medi-Cal mental health plan
- CAEQRO comes by once a year and review compliance
    - Fiscal year 2012-2013 will focus on SPA 3 and 5 – Integrated systems of Care
- A component that is system wide
- After 4-day review a report is generated that is assessable on the website
- Not doing chart specific audits – there is some overlaps, but the state oversight CAEQRO audits make sure the federal requirements (cultural competency) mandates are being met.

Quality Assurance – Gassia Ekizian

Children's report

- When DCFS children are hospitalized, new procedures are now in place
    - 15 -30 minute response time
    - 2 LPS designated staff complete check-ups
    - DMH will follow-up
    - Contracted agencies that contact PMRT, Access Center will research if client is in DCFS system. This process is called *Expedited Response Protocol*.

Clinical/Documentation/State DMH Updates

- OMD report – Research Review Policy will answer questions on human subjects.
- Consultation parameters currently being worked on regarding handling services with other departments and there are plans for tele-psychiatry.
- Documentation Trainings will be separated to ensure that QA Managers attend. On April 9th general documentation training for QA Managers will commence.
- Resiliency Documentation Training has a revised date of 3/8/12.
- MAT Training 3/12/12
- Coalition Treatment Plan library of objectives and interventions will be available in 2 months. DMH currently working with vendors; no EHR system available on paper.
- Inactivation of 99361/62 per QA Bulletin dated 12/01. Cap remains with code and should be monitored. Agencies should begin to phase out 99361/62. H0032 is now available to be used for Plan Development. Can use Face-to-Face with H0032.
- CIOB provided a list of duplicate names in IS for Directly Operated and Contractors. DMH looking at how duplicate names will be merged – same client

names with different MIS numbers. Zip code + 4 numbers not only with client record but addresses; everything has to match exactly or will get bounced back.

- Clinical Documentation Policy
  - Submitted for signature with existing Annual Assessment rules
  - Annual cycle date will be month of admit regardless of open episodes
  - Will not have to change cycle dates for existing clients
  - Separating out Care Plan and Coordination Plan
  - Coordination Plan will be for clients and other providers only
- QA Guidelines and Chart Review Tool for Directly Operated will go out to SPA 1 for use and feedback. Will expand to other SPAs and Contractors.
- PEI Claiming Guidelines and final version has been submitted by workgroup for review.

- Licensed Professional Clinical Counselor (LPCC)
  - Not recognized under State Plan
  - Highest scope of practice is Mental Health Rehab Specialist
  - Can not operate unless the state amends the State Plan and update Welfare Institutions code (1150 and 1915). Title 9 would need to be amended and authorized by CMS (federal).

5010 Updates

- Changes to In-Patient procedure codes and facility types
- Procedure code modifier field was changed to Mode 5, 10 and 60
- Cannot have NPIs associated with multiple service locations
- Providers who have multiple NPI numbers (one provider and 2 provider numbers)
- Daily EFT report for billings denied for NPI/duplicate Rendering Provider clean-up (above mentioned) so agencies can respond quickly.
- Agencies with problems resulted in a Sift Report being sent out.
- A memo from Robin Kay regarding the process
- All this clean up has to be done by March 1st.
- Call help desk if you have not received the memo.

Patient Rights

- Annual report completed and data analysis will be revealed at next meeting.

Audits

- A/C Para Los Ninos 2/22/12

ACCESS Center Presentation
Derek Hsieh and Garrett Home

Psychiatric Mobile Response Team (PMRT)

County Team now known as PMRT
PET Team – private hospital

There are a number of different mobile response teams under EOB
-School threat Assessment
-Law Enforcement Smart Team

Number of collaboration – 1 clinician and 1 police officer that respond to 911 calls

PMRT

- Composed of different disciplines (psychologists, nurses, clinician, medical case workers, community workers, etc.)
- Respond in the community, not in offices
- Will respond to emergency rooms
- Board and care, group homes and private residences
- Crisis interventions
- 5150 Evaluations
- Referrals and linkage follow-up to ongoing mental services
- Not the extent possible, we try not to hospitalize
- Contact hospital and arrange for bed; arrange for transportation services
- DCFS population – expedited response protocol call with DCFS
- Board of Supervisors has initiated an open response to DCFS cases
- When there is a mental health crisis; the understanding is that information can be openly shared between both departments.
- When PMRT is contacted for consumers with DCFS services, DCFS will be first contacted by PMRT.
- When a DCFS child is hospitalized, a conference will be set up with providers involved in treatment and discharge planning will be discussed.
- Response times may very depending on the number of calls.
- Two clinicians will respond to all the children's calls
- Each call consumes about 4 hours per call
- Typical response time is to get there within 1 hour
- There is a PMRT within each service area of Los Angeles County
- DCFS usually are given priority unless staff is tapped out
- LPS designation is only within LA County except for College Hospital in Cerritos
- PMRT responds when the client is in LA County although the county of origin is not LA County. This means a client that may have Orange county Medi-Cal but lives in a group home within Los Angeles County.
- Clearly there are some cases where contact to PMRT is not appropriate. A case where a consumer may have an immediate medical concern should be referral to the hospital.
- A situation where immediate safety of the consumer or others is in jeopardy, calling 911 is more appropriate than contacting PMRT.
- An active suicidal person that is in immediate risk of self harm – try to keep the person on the phone and have someone else contact law enforcement.
- When you call PMRT, staff will be inquiring about any medical conditions/issues.

- If a client is AWOL and has a medical condition, the best approach is to contact law enforcement who will transport the client to a hospital and then PMRT will be contacted after the medical condition has been abated.
- Within the first 90 days of a person been released from the hospital for a hold, the risk of suicide is greater. Just because they have been to the hospital does not indicate safety for the client.